



## **Application Data Sheet**

### **Application Information**

Application number::	10/578,864
Filing Date::	June 22, 2006
Application Type::	Regular
CD-ROM or CD-R?::	No
Number of CD Disks::	None
Number of copies of CDs::	None
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	None
Title::	HEADBAND DEVICE FOR AN OXYGEN MASK, AND METHOD FOR THE PRODUCTION THEREOF
Attorney Docket Number::	PTB-4750-46
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1a
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No
Petition Type::	None
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	None

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity

Given Name::	Bernd
Middle Name::	
Family Name::	LANG
Name Suffix::	
City of Residence::	Gräfelfing
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Jahnstrasse 49
City of mailing address::	Gräfelfing
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	82166
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Achim
Middle Name::	
Family Name::	BIENER
Name Suffix::	
City of Residence::	Aufkirchen
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Am Herderfeld 5
City of mailing address::	Aufkirchen
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	85445
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Martin

Middle Name::  
 Family Name:: BECHTEL  
 Name Suffix::  
 City of Residence:: Winsen/Luhe  
 State or Province of Residence::  
 Country of Residence:: Germany  
 Street of mailing address:: Brahmsallee 24  
 City of mailing address:: Winsen/Luhe  
 State or Province of mailing address::  
 Country of mailing address:: Germany  
 Postal or Zip Code of mailing address:: 21423  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Germany  
 Status:: Full Capacity  
 Given Name:: Harald  
 Middle Name::  
 Family Name:: VÖGELE  
 Name Suffix::  
 City of Residence:: Gauting  
 State or Province of Residence::  
 Country of Residence:: Germany  
 Street of mailing address:: Waldpromenade 45b  
 City of mailing address:: Gauting  
 State or Province of mailing address::  
 Country of mailing address:: Germany  
 Postal or Zip Code of mailing address:: 82131  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Germany  
 Status:: Full Capacity  
 Given Name:: Caspar  
 Middle Name:: Graf

Family Name:: STAUFFENBERG  
 Name Suffix::  
 City of Residence:: Gauting  
 State or Province of Residence::  
 Country of Residence:: Germany  
 Street of mailing address:: Römer-strasse 17 ½  
 City of mailing address:: Gauting  
 State or Province of mailing address::  
 Country of mailing address:: Germany  
 Postal or Zip Code of mailing address:: 82131

#### **Correspondence Information**

Correspondence Customer Number:: 23117

#### **Representative Information**

Representative Customer Number:: 23117

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	is a § 371 of	PCT/EP2004/012811	11 November 2004

#### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
Germany	103 52 608.0	11 November 2003	Yes
Germany	103 52 607.2	11 November 2003	Yes

**Assignee Information**

Assignee Name::	MAP Medizin-Technologie GmbH
Street of mailing address::	Fraunhoferstrasse 16
City of mailing address:	Martinsried
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing Address::	82152